

Letter of Intent Instructions
Maryland §1115 HealthChoice Waiver Renewal
Assistance in Community Integration Services (ACIS) Pilot Funding Opportunity

Introduction

As part of Maryland's HealthChoice §1115 Waiver Renewal, the State is offering local governments the opportunity to request matching federal funds for the Assistance in Community Integration Services (ACIS) Pilot. The goal of the ACIS Pilot is to improve health outcomes for at-risk Maryland Medicaid beneficiaries by providing tenancy support services and housing case management services.

Each ACIS Pilot program will be managed locally by a lead local governmental entity (Lead Entity) that has the ability to fund fifty percent of total ACIS Pilot costs with local dollars, provide leadership, and coordinate with key community partners to implement the Pilot. Each Lead Entity may also identify other entities that will participate and assist the Lead Entity in providing services in the ACIS Pilot (Participating Entities).

ACIS Pilots will be effective starting from July 1, 2017 through December 31, 2021, and are expected to receive matching federal funding for the 4 ½ years duration of the waiver. Specifically, up to \$1.2 million in matching federal financial funds are available annually. When combined with the local non-federal share, ACIS Pilot expenditures may total up to \$2.4 million annually. ACIS Pilots will be required to report on performance measures and share data for evaluation purposes in order to receive funding.

Information about the ACIS Pilot opportunity may be found on the Maryland Department of Health (MDH) Community Health Pilots [website](#), including the initial Waiver application, Centers for Medicare and Medicaid Services (CMS) Special Terms and Conditions (STC), and Summary of the ACIS opportunity in STC ATTACHMENT E .

Purpose of the Letter of Intent

The purpose of this Letter of Intent (LOI) is to assess prospective statewide interest in the ACIS Pilot program, obtain preliminary Pilot design proposals, and provide an opportunity for potential applicants to submit questions. Submission of this ACIS LOI is voluntary and non-binding. Failure to submit a LOI will not preclude a Lead Entity from applying to participate in the Pilot, and submission of an LOI does not require a Lead Entity's future participation in the Pilot program.

MDH anticipates releasing the Request for Applications (RFA) for the ACIS Pilot on August 2, 2017, with applications being due 45 calendar days thereafter. **Lead Entities should carefully review STC 28 ATTACHMENT E to ensure that all elements of their proposed pilot project are permissible according to pilot protocol.**

Eligibility for Funding

MDH will only accept applications for the ACIS Pilots from Local Health Departments or other local government entities, such as a local management board. These government entities must serve as the Lead Entities for the ACIS Pilots and have the capacity to provide the non-federal portion of medical assistance expenditures through an intergovernmental transfer (IGT).

Local Government Funding Requirements

Lead Entities will provide the necessary non-federal share of funds to MDH through an IGT. No State

Medicaid funding match is available for the ACIS Pilots. Upon MDH's receipt of the Lead Entity's IGT, MDH will transfer back to the Lead Entity the combined non-federal funds and its corresponding federal match. The Lead Entity will be responsible for the subsequent disbursement of funds to contracted Participating Entities, as specified in the ACIS post-approval protocol. Further information will be described in the ACIS Pilot application.

Lead Entities shall certify that the transferred funds qualify for federal financial participation, pursuant to 42 C.F.R part [433 subpart B](#), and are not derived from impermissible sources such as recycled Medicaid payments, federal money excluded from use as state match, impermissible taxes, and non-bona fide provider-related donations. Sources of non-federal funding shall not include provider taxes or [donations impermissible](#) under section 1903(w), impermissible IGTs from providers, or federal funds received from federal programs other than Medicaid (unless expressly authorized by federal statutes to be used for claiming purposes, and the federal Medicaid funding is credited to the other federal funding source). ACIS Pilot payments are not considered patient care revenue. The payments shall not offset payment amounts otherwise payable by the local entity for beneficiaries, or supplant provider payments from the local entities.

As a requirement of funding, Lead and Participating Entities must make program and financial data available to MDH in the form, manner, and time frames requested in the RFA. Data will be required at the Medicaid beneficiary level, including at the minimum, the beneficiary's Medicaid number; if that number is not available, the first and last name, date of birth, and Social Security number are required. Pursuant to [42 CFR § 431.107\(a\)\(b\)\(1\)\(2\)](#), providers must agree to create and maintain all records necessary to fully disclose the extent and medical necessity of services provided by the provider to individuals in the Medicaid program, as well as any information relating to payments claimed by providers for furnishing ACIS Pilot services. Lead and Participating Entities must effectuate data use and/or data sharing agreements accordingly.

MDH will provide funding to Lead Entities for ACIS services at a monthly bundled rate. The monthly bundled rate proposed by the Lead Entity in the RFA will be reviewed and approved by MDH and CMS. The monthly bundled rate shall not exceed the amount expended by the Lead Entity for furnishing direct services. The monthly ACIS cost-based rate shall be the average cost of the total of a minimum of three services adjusted for factors specific to the Lead Entity including such variable as salary costs, type of visit, intensity of visit, and duration of visit or contracted provider unit costs. Payment will be withheld if Lead Entities do not report required data to MDH in a timely and complete manner as outlined and agreed upon in applicable inter-agency agreements and data use agreements.

Medicaid Federal financial assistance cannot be used for room and board in home and community-based services.

Letter of Intent Submission Instructions

Eligible entities that are interested in applying for funding for the ACIS Pilot are strongly encouraged to submit a Letter of Intent to MDH by **July 19, 2017 at 5PM**. Letters of Intent must be submitted by the Lead Entity. The letter should be submitted via e-mail to mdh.healthchoicerenewal@maryland.gov. **The Letter of Intent should be no more than three pages long.**

Letter of Intent Template

In order to help you prepare your Letter of Intent and aid our assessment, MDH requests that the Letter of Intent from applicants address the following elements:

1. Lead Entity Contact Information
Provide the Lead Entity's name, mailing address, point of contact name, e-mail address, and telephone number.
2. Lead Entity Eligibility for Funding
Affirm that the Lead Entity is a Local Health Department or other local government entity, such as a local management board, and is permitted to participate in the financing of the non-federal portion of medical assistance expenditures through an intergovernmental transfer (IGT) process.
3. Project Goal and Synopsis
Provide a brief description of the proposed ACIS Pilot program goals, as well as a high-level synopsis of your proposed plan.
4. Target Population and Geographic Area
Describe the geographic area in which the ACIS Pilot would operate, the target population(s), and the number of Medicaid beneficiaries that you expect to serve.
5. Project Plan
Provide a project narrative describing your intervention strategies and whether services will be provided by a contracted entity or local health department.
6. Participating Entities
Describe the other organizations that you are planning to work and/or coordinate with in implementing your pilot program, such as Maryland's Managed Care Organizations. Describe the roles and functions that the Participating Entities will perform.
7. Budget
Please reference Special Terms and Conditions - Attachment E: Description of Payment Methodology, which describes the development of the ACIS cost-based rate. Please affirm that you are able to develop a monthly rate based on these variables. Provide information on the estimated funding request and source(s) of your local match dollars.
8. Questions (not included in the three page limit)
Please include any questions you may have for MDH about the ACIS Pilot program. Responses to selected questions will be added to the ACIS Pilot Frequently Asked Questions document and posted on the MDH website.

ACIS PILOT TIMELINE	DATES
Release Letter of Intent request for ACIS Pilots	July 5, 2017
ACIS LOI Webinar	July 12, 2017
Letters of Intent due from Lead Entities to MDH	July 19, 2017
ACIS Pilot Application Published by MDH, FAQs released	August 2, 2017
ACIS Pilot Application Process Webinar and Review of FAQs	August 16, 2017
ACIS Pilot Applications due to MDH	September 18, 2017
Calls with applicants (clarification & modification discussions)	September 26-27 2017
ACIS Pilot Award notifications (expected, pending final CMS approval)	October 25 2017
ACIS Pilots Begin (Based upon approved Pilot implementation plans)	Nov. 2017